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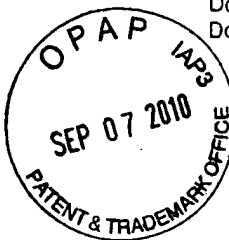
Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------|
| Application Number | 10/738496 |
| Filing Date | 12/17/2003 |
| First Named Inventor | Ihsan J Djomehri |
| Art Unit | 2811 |
| Examiner Name | VU, HUNG K |
| Attorney Docket Number | 039153-0688 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 23392

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)1 | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

1

[Page 1 of 96]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| A. <input type="checkbox"/> The address of the inventor or assignee associated with Customer Number: _____ | | | |
| OR | | | |
| B. <input checked="" type="checkbox"/> | Inventor or Assignee name | ADVANCED MICRO DEVICES, INC. | |
| Address ONE AMD PLACE, P.O. Box 3453 | | | |
| City SUNNYVALE | | State CA | Zip 94088-3453 |
| | | Country United States of America | |
| Telephone | | | Email |
| I am authorized to sign on behalf of myself and all withdrawing practitioners. | | | |
| Signature | | | |
| Name Ted R. Rittmaster | | Registration No. 32,933 | |
| Address 555 South Flower Street, Suite 3500 | | | |
| City Los Angeles | | State CA | Zip 90071-2411 |
| | | Country United States | |
| Date | 9/3/10 | | Telephone No. 213-972-4500 |
| NOTE: Withdrawal is effective when approved rather than when received. | | | |

[Page 2 of 96]

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